

FILED JUL 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **24493**

BIRTH NO. <b>16894-56</b>		REG. DIST. NO. <b>241</b>		PRIMARY REG. DIST. NO. <b>5827</b>		Registrar's No. <b>15</b>	
1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>New Madrid</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Portageville</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Portageville</b>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <b>R#3</b> <b>0720</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mamie</b> b. (Middle) <b>Gnette</b> c. (Last) <b>Shacker</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>June 23 1956</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>		8. DATE OF BIRTH <b>Mar 25, 1956</b>	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Like kind of work done during most of working life, even if retired) <b>Infant</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Gideon, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Kert Shacker</b>		13b. MOTHER'S MAIDEN NAME <b>Larene Caldwell</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Kert Shacker R#3 Portageville</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>septicemia</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) <b>bacterial dysentery</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs - 2 days</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		0454	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1 April, 1956</b> , to <b>23 June, 1956</b> , that I last saw the deceased alive on <b>22 June, 1956</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>L.S. Smith, M.D.</b>				23b. ADDRESS <b>Portageville Mo.</b>		23c. DATE SIGNED <b>26 June</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>6/23/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Portageville Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Portageville, Mo</b>	
DATE REC'D BY LOCAL REG. <b>6-25-56</b>		REGISTRAR'S SIGNATURE <b>Ellen DeLille</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Dehiste Funeral Parlor Portageville</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED JUL 3 1956  
NEW MADRID CO. HEALTH CENTER  
P. G. J.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by Not Embalmed., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.